

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2		/	/	/			52	
3		/	/	/			53	
4		/	/	/			54	
5		/	/	/			55	
6		/	/	/			56	
7		6	/	/			57	
8		6	/	/			58	
9		6	/	/			59	
10		/	/	/			60	
11		/	/	/			61	
12		/	/	/			62	
13		/	/	/			63	
14		/	/	/			64	
15		0	/	/			65	
16		0	/	/			66	
17		0	/	/			67	
18		0	/	/			68	
19		0	/	/			69	
20		0	/	/			70	
21		0	/	/			71	
22		0	/	/			72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	